

PERSONNEL ACTION FORM

Print Form

Last Name: Carvahlo

First Name: Taidan

M.I.:

Current Supervisor: Leilani Abulon

Dept:

Clock ID (HR Use Only):

CHECK ONE OF THE FOLLOWING:

☐ Teacher

☐ Substitute

☐ Classified

☐ Home Office

☒ Administrator

	CURRENT	NEW CHANGE	EFFECTIVE DATE* 1st or 16th only
<input type="checkbox"/> Region (e.g., NTL, TN, CA)	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> School Site/Dept. Name	<u>ASLA</u>	<u>Ed Team</u>	<u>7/1</u>
<input type="checkbox"/> Job Title	<u>Principal</u>	<u>Area Supt.</u>	<u></u>
<input type="checkbox"/> Supervisor	<u>Leilani Abulon</u>	<u>Gordon Gelpings</u>	<u></u>
<input type="checkbox"/> Salary	<u>114,500</u>	<u>140,000</u>	<u></u>
<input type="checkbox"/> Retirement (e.g., STRS)	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Union (e.g., CTA)	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Department (HR only)	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Prorate Check	<u></u>		
<input type="checkbox"/> Retroactive Pay	<u></u>		
<input type="checkbox"/> Transfer Per. Leave	<u></u>		
<input type="checkbox"/> Split Pay to Locations(s):	<u></u>		

CHECK ALL APPLICABLE:

☐ Full Benefits

☐ No Benefits

☐ Full-Time

☐ Part-Time%:

COMMENTS:

YRI / AS - 140K

SUPERVISOR NAME:

Annette Gonzalez

Signature:

[Signature]

Date:

6/12/17

COMP COMMITTEE:

Signature:

Date:

HUMAN RESOURCES:

Kara Scamardo

Signature:

Date:

6/24/17

PLEASE SUBMIT TO ATTN: HUMAN RESOURCES